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FROM:

Chritopher J Davies

Dear Sir"

More than one month ago I faxed a Revocation of Power of Attorney to your office. It is important that you record this information. The attorney involved has apparently NOT received notice that he will not be able to discuss this patent with your office, and that I, the inventor, have assumed this responsibility.

Please acknowledge. Attached is re fax of POA revocation.

By Fax: 401-456-2658, or cell: 401-714-7250, or home tel: 401-539-7644.

Thank you!

ROBIN DAVIES RN

Attorney Docket Number

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P,TO/SB/82 (09-03)

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I hereby revoke all previous powers of attorney given in the above-identified application.						
A Power of Attorney is submitted herewith.						
OR I hereby appoint the practitioners associated with the Customer Number:						
Please change the correspondence address for the above-identified application to: The address associated with Customer Number:						
OR						
X Firm or	Chadaranhan I Davida		,			
Address	Christopher J Davies					
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Country	USA		,			
Telephone	401-53 9- 7644 (H)	Fax	<u> </u>			
I am the: 401-714-7250 Ce11 X Applicant/Inventor.						
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)						
SIGNATURE of Applicant or Assignee of Record						
Name Christopher_J Davies						
Signature Chair St. 1 Can 300						
Date 9/14/	ny /	Telephone 401-539-7644 (H)				
NOTE: Signatures of all the inventors of assignace of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one						
signature la required, see balow.	ns are submitted.					
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